

# ***Call for Best Practices***

## **AGA 2000 Annual Professional Development Conference Best Practices Participant Application**

**Best Practice Title :** \_\_\_\_\_

**Primary Presenter:**

Name : \_\_\_\_\_  
Title : \_\_\_\_\_  
Organization : \_\_\_\_\_  
Address : \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Fax : \_\_\_\_\_  
E-Mail : \_\_\_\_\_

**Co-Presenter:**

Name : \_\_\_\_\_  
Title : \_\_\_\_\_  
Organization : \_\_\_\_\_  
Address : \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone : \_\_\_\_\_  
Fax : \_\_\_\_\_  
E-Mail : \_\_\_\_\_

**Focus Area:**

- ☐ Grants Management
- ☐ Information Technology Security
- ☐ Electronic Commerce
- ☐ Auditing
- ☐ Other: Specify\_\_\_\_\_

**Subject Area:**

- ☐ Accounting
- ☐ Budget
- ☐ Audit
- ☐ Contract Management
- ☐ Financial Management
- ☐ Personal Development
- ☐ General Management

**Sections I-IV should not exceed 750 words. A chart or picture may be included. Please use complete sentences.**

**Please provide the following information:**

I. Brief Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Reason for Development: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. How it Works: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Benefits: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who to Contact for More Information:**

Name	:	_____
Title	:	_____
Organization	:	_____
Address	:	_____
City, State, Zip:		_____
Telephone	:	_____
Fax	:	_____
E-mail	:	_____